Viewpoints



Race and Racism in Primary Care

The *Black Lives Matter* campaign has highlighted issues of race and racism which are present in all parts of our communities and organisations. BJGP Open is inviting Viewpoints to document experiences of racism in primary care as a patient, practitioner, trainee, or researcher.

This initiative sits outside the usual BJGP Open framework for research and commentary, and has been created as a rapid access format for sharing information.

What is your full name?

Dr Jasjit Kaur Atwal Dr Laura Nellums

What is your role?

JKA - Salaried GP

LN – Assistant Professor, Division of Epidemiology and Public Health

Please describe the experience of race and/or racism that you would like to share

A Call to GPs: "Racism is a Public Health Crisis"

Racism is a public health crisis¹ we must address in primary care. We can start by acknowledging structural racism exists in and permeates our NHS, causing ongoing deep harm to our workforce and communities.^{2,3}

Structural racism is the removal of power, resources, access, and opportunities.⁴ Narratives surrounding this issue are complex, fraught, unidirectional, and unequal, carrying consequences for minoritised groups trying to initiate or participate in these conversations.

In the healthcare context, individuals are penalised not only socially, but also occupationally, and are often under- or unpaid.⁵ We urgently need a culture change in the NHS to proactively facilitate conversations to happen equitably and safely if we are to see racial justice in health within our communities and workforce.

We can do this by acknowledging the race and occupational based trauma⁶ healthcare professionals from Black and other minoritised groups experience when trying to advocate for change on racial inequities in health. This requires prioritising support systems to redress this structural violence and proactively targeting structures that perpetuate it.

Thanks to the sacrifices made by my migrant, factory-worker parents, I am a GP, but I have experienced numerous career penalties striving to highlight racial and socioeconomic inequities in health. My early years as a GP were decimated by the intersections of racism, gender, and maternity-based discrimination, as well as serious pregnancy-related complications, leading to five years of unemployment.

Returned now, I am aware of the stark gap in prioritisation of or access to funding or career support to help me develop as a middle career grade GP wishing to pursue racial justice in health. My moral injury stems from having made no discernible impact thus far, which is amplified by ongoing and systemic constraints.

If we in primary care are serious about addressing racism and health injustices in our communities, we must dismantle barriers faced by members of our workforce from minoritised groups who carry deep insights, painfully garnered, that can be developed into meaningful actions if we are afforded opportunities to speak. Anything less is allowing structural racism in the NHS to carry on unhindered.

References

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